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CONFIRMATION NO. 6173

<b>SERIAL NUMBER</b> 09/716,189	<b>FILING OR 371(c) DATE</b> 11/17/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3696	<b>ATTORNEY DOCKET NO.</b> DT-3788
<b>APPLICANTS</b> James MacPherson, COS COB, CT;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/166,558 11/19/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/06/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 45
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 30377				
<b>TITLE</b> SYSTEM AND METHODS FOR PROCESSING OPEN-END MUTUAL FUND PURCHASE AND REDEMPTION ORDERS AT CENTRALIZED SECURITIES EXCHANGES				
<b>FILING FEE RECEIVED</b> 1466	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	